



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1430
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8920

| | | | | |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|---------------------------------------------|
| SERIAL NUMBER 10/615,829 | FILING OR 371(c) DATE 07/10/2003 RULE | CLASS 713 | GROUP ART UNIT 2135 | ATTORNEY DOCKET NO. 1135.41904X00 |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|---------------------------------------------|

APPLICANTS

Franck Le, Irving, TX;
 Stefano M. Faccin, Dallas, TX;

Hs 10/01/06

** CONTINUING DATA *****

This appln claims benefit of 60/395,616 07/15/2002

Hs 10/01/06

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 10/03/2003

Hs 10/01/06

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY TX | SHEETS DRAWING 4 | TOTAL CLAIMS 26 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature: <i>Julia F. Jon</i> Initials: <i>JS</i> | | | | |

ADDRESS

020457

TITLE

IPv6 address ownership solution based on zero-knowledge identification protocols or based on one time password

| | | |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| FILING FEE RECEIVED 942 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |